

# Connecting Traffic Safety and Community Health

Three Success Stories from New England



**Connecting Traffic Safety and Community Health describes how traffic safety advocates and people interested in a broader community health agenda worked together to prevent traffic injuries, enhance the public's health, and improve the quality of life in their communities.**



A joint publication of the National Highway Traffic Safety Administration Region 1 Office and Education Development Center, Inc.

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## Introduction

*Webster's Dictionary* defines a "community" as "people with common interests living in a particular area." One of these common interests is the health of the community and its members. In recent years, two models for protecting the health of communities have become popular.

One of these models is *Healthy Communities*, an approach that expands the definition of community health to include a large number of quality-of-life issues (including physical and mental health, environmental health, economic vitality, and a sense of community). The second approach is the *Safe Communities* model, as articulated by the National Highway Traffic Safety Administration (NHTSA). The *Safe Communities* model:

- addresses a particular health problem: injuries
- uses local data to assess a community's injury problems
- mobilizes a coalition to address these problems
- involves citizens to ensure broad community support
- implements injury prevention strategies that research and experience have shown to be effective

These models have much in common and can be especially powerful when used in tandem or combined in an effort that recognizes both the benefits of a broad-based community development approach and the importance of injury prevention to a community's health. This publication describes the experiences of three communities that implemented *Safe Communities* type programs within the context of a broader *Healthy Communities* effort and, in doing so, created projects that promise to reduce traffic injuries and improve the quality of life in each community.

## Healthy Valley 2000 and Safe Communities Program of the Lower Naugatuck Valley

The building of a highway can dramatically change the character of a community. Such was the fate of Connecticut's Lower Naugatuck Valley. The Valley is bordered by Interstate 84 and the cities of Waterbury and Meriden to the north and west, and Interstates 91 and 95 and the cities of New Haven and Bridgeport to the south and east. With the expansion of State Route 8, which runs through the heart of the Valley, into a four-lane highway connecting the interstates (as well as the cities of Waterbury and Bridgeport), the population swelled. The towns of Ansonia, Derby, Shelton, Seymour, Beacon Falls, and Oxford began to lose their blue-collar character and turn into bedroom communities for the larger cities, providing those who worked in Fairfield County and along the "Gold Coast" of Southern Connecticut with affordable places to live. The service needs of the Valley took on a regional character as new roads and suburbs tied towns together. At the same time, the Valley's sense of community was threatened, as many of the newer residents defined themselves by (and spent their money in) the cities where they worked rather than the towns in which they lived. Community leaders realized that this metamorphosis presented major challenges. One response to these challenges came from the Valley Council of Health and Human Service Organizations.



### Defining a Mission

In addition to its primary mission of creating and coordinating a comprehensive system of human services, the Valley Council wanted to undertake a series of broad efforts to improve the quality of life in the Valley and restore the sense of community necessary for a vibrant and active citizenry. Bill Powanda, vice president of Griffin Hospital and a member of the Valley Council, was aware of the Healthy Communities approach and its value in helping communities understand broad health and community development activities. With the assistance of the National Civic League in Denver (who promote the Healthy Communities model), Powanda and his partners in the Council submitted a proposal to the Community Foundation of Greater New Haven to help found and support Healthy Valley 2000. Healthy Valley's mission was "to make the Valley a better place in which to live, work, raise a family, and enjoy life by measurably improving the quality of life and health of the community and its residents." Healthy Valley 2000 also sought to "enhance regional economic development by making the community a better place for businesses to locate and for their employees to live." In 1994, funding from the Community Foundation allowed Healthy Valley to hire a coordinator; recruit more than 200 "stakeholders" (active participants) representing a broad range of businesses, civic groups, town governments, nonprofit organizations, and local residents; establish a website (the Electronic Valley); and organize groups to begin working toward its goal.

## Assessing Needs

The Healthy Valley stakeholders realized that effective community development requires research to determine which aspects of the community need improvement, and which of these issues will attract community support and local funding. A grant from the Katharine Matthies Foundation, located in Seymour, (Connecticut) enabled Healthy Valley 2000 to conduct a Community Health Profile to assess health and quality-of-life indicators and a survey to explore the perceptions of Valley residents and leaders about quality-of-life issues. The results of these efforts were published as the *Valley Community Health and Quality of Life Profile* and established a baseline against which to evaluate the success of Healthy Valley initiatives. In the words of Bill Powanda:

*Healthy Valley looks at the community and establishes an overarching vision, a sense of a long-range mission and long-range needs. But another important strength of Healthy Valley is its project work. We find that Healthy Valley has two sets of constituents: One likes to be involved in planning and setting direction; the other is project-or task-oriented. We have clearly seen that one of Healthy Valley's strengths is the individual projects launched to address very specific issues.*

## Focusing on Traffic Safety

The Community Health Profile revealed that the fatality rate from unintentional injuries in the six towns of the Lower Naugatuck Valley was higher than in the rest of the state—and that most of these deaths resulted from motor vehicle collisions. This research quantified the concern already felt by some area residents—one of whom was Frank Marcucio. As executive director of the Seymour Volunteer Ambulance Association, Marcucio had firsthand experience with the tragic results of motor vehicle collisions. In 1995, a local child was hit by a drunk driver while bicycle riding. The child was not wearing a helmet and died of massive head injuries. Marcucio reports, “My kids were around the same age as that child. I started looking around for injury prevention projects.” His search took him to the Moving Kids Safely conference in Washington, D.C., where he learned about NHTSA’s Safe Communities model. The day Marcucio returned from Washington, a Seymour high school senior died after falling from the roof of an automobile while “car surfing.” This was the latest in an eight-year string of deaths among Seymour’s high school graduating classes, which students refer to as the “senior curse.” Armed with a *New York Times* article about Seymour’s “curse” and the Community Health Profile, Marcucio recruited partners to create the Safe Communities Program of the Lower Naugatuck Valley.



## Creating Sustainable Funding

Marcucio and his partners realized that the only way their Safe Communities program could have a long-term impact was to become a permanent and self-sustaining entity. They convinced the state health department to allow EMS agencies (who charge for their services) to include injury prevention activities as an expense when setting their rates. Marcucio describes the group's next steps:

*We applied to the Community Foundation of Greater New Haven for a grant to turn our part-time deputy director position into a full-time position that included coordinating injury prevention activities. We were awarded a three-year grant. Each year, we got a smaller amount of money. Over the three years, we were able to gradually raise our rates [for EMS services] and contribute a larger share of funds to the coordinator's position. The first year, we received \$30,000 from the foundation and contributed \$10,000. The second year, we matched them \$20,000 to \$20,000. This year, we received \$10,000 and contributed \$30,000. And in the fourth year, we will be fully self-supporting*

The gradual rise in charges allowed the ambulance service to fully fund the coordinator's position without placing an undue burden on its customers. The Safe Communities Program also seeks local grants and corporate donations to support its activities. Amos Smith of the Community Foundation of Greater New Haven says:

*We are always interested in organizations that craft proposals that consider how the [proposed] project can become self-sustaining. Seymour Ambulance came to us with a very well-thought-out plan about how the project could ultimately sustain itself. This was very attractive. Foundations typically want to be catalysts for creating new programs but cannot support programs indefinitely.*

Smith also reported that the Foundation was impressed by the breadth of injury risks to be addressed by the program.

The Safe Communities Program of the Lower

Naugatuck Valley has accomplished many things:

- bicycle safety programs, prom night mock crashes, and car seat clinics
- distribution of more than 10,000 back-to-school pedestrian and school bus safety flyers
- a 43-percent increase in the proportion of high school students who wear seat belts
- erection of life jacket loaner stations along the Naugatuck and Housatonic Rivers
- CPR and first aid classes reaching more than 800 middle school students
- a gunlock distribution program
- a regional safety summit
- playground and school bus stop safety inspection programs initiated in response to community concerns.

In addition, the Safe Communities Program and its Healthy Valley partners have established a Valley-Amity Chapter of the Connecticut Safe Kids Coalition.

## Good Works Rewarded

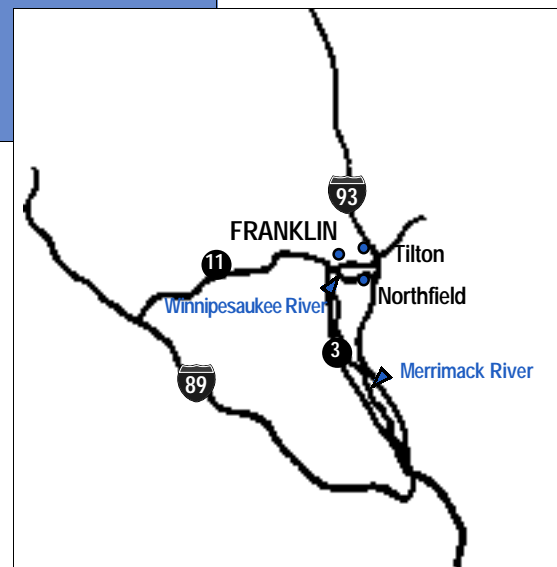
The efforts of the Safe Communities Program of the Lower Naugatuck Valley and its collaborators in Healthy Valley 2000 have not gone unnoticed. In December 1999, Healthy Valley received a Daily Point of Light Award from the Points of Light Foundation. Among the initiatives listed in the Foundation's description of Healthy Valley's accomplishments was their involvement with the Safe Communities Program of the Lower Naugatuck Valley. And in March 2000, Frank Marcucio, director of the Safe Communities Program, was awarded the Emergency Medical Services for Children Provider of the Year Award by Maternal and Child Health Bureau of the U.S. Department of Health and Human Services.

**For more information** about Healthy Valley 2000, contact P.O. Box 418, Ansonia, CT 06401. Telephone: (203) 735-3942, fax: (203) 732-8831; e-mail: <hv2000@electronicvalley.org>; www: <electronicvalley.org/hv2000/>. **For more information** about the Safe Communities Program of the Lower Naugatuck Valley, contact Frank Marcucio, Seymour Volunteer Ambulance Association, P.O. Box 223, Seymour, CT 06483. Telephone: (203) 888-8843; fax: (203) 881-5018.



# Caring Community Network of the Twin Rivers

In 1994, a group of social and health service providers in the Twin Rivers region of New Hampshire met to discuss the area's lack of primary health care services. In a remarkable act of cooperation, the individual agencies combined many of their smaller state health care contracts with new funding, to create the Health First Family Care Center. This success showed the group how much they could accomplish by working together. The group institutionalized itself as the Caring Community Network of the Twin Rivers (CCNTR, pronounced "center") to mount a coordinated response to the area's social and health care needs. CCNTR periodically assesses the region's needs, identifies priorities, and creates teams to address these issues.



## Identifying Traffic Safety as a Community Issue

CCNTR found that transportation was an issue often raised by many of the key informant interviews and at community forums used in their assessment process. Many of the families in this rural area of New Hampshire can only afford one car, making it difficult for other family members to get to the grocery store, library, or other places if the primary breadwinner needs the car to get to work. Another frustration identified by the assessment was the traffic on the Routes 3 and 11 corridor which connects the towns of Northfield, Tilton, and Franklin. This three-and-a-half-mile strip parallels the Winnepesaukee River and provides an east-west link between two major interstates. The economic revival of the 1990s increased the number of businesses along this stretch of road. Cars constantly enter or leave the parking lots of these businesses, often cutting

across opposing lanes of traffic to do so. There are no sidewalks. Everyone familiar with this area expressed concern with the number of collisions and motor vehicle injuries that occurred in the corridor.

This was not the first time that the Routes 3 and 11 corridor had been the focus of concern. In 1993, a group of local citizens, police and town officials, and health care representatives petitioned the state to take action on that stretch of road. The New Hampshire Department of Transportation (DOT) included the Routes 3 and 11 corridor in that year's Transportation Corridor Study, which concluded that the road was a problem and offered several alternatives to alleviate congestion and reduce the number of collisions. None of these alternatives were funded. The corridor is slated for improvements, but work is not scheduled to begin until 2012.



## The Community Seeks a Solution

CCNTR, working closely with the Tilton-Northfield Chamber of Commerce, began to search for other solutions. They realized that an unused railbed paralleled the road along the Winnepesaukee River. Investigation revealed that when the railbed was abandoned by the B&M Railroad, the state took possession to preserve it as a corridor for future development.

The vision of an alternative transportation corridor as a response to safety as well as a number of other community problems is indicative of the CCNTR approach. Rick Silverberg, CCNTR's manager and executive director of Health First Family Care Centers, observes:

*CCNTR likes to identify opportunities with multiple impacts. We knew that the region lacked good programs that promoted walking and bicycle riding as healthy alternatives to automobiles. We knew that the Transportation Corridor Study revealed that 40 percent of the trips made on this road were short trips that contributed to a degradation of the region's air quality. We realized that we had an opportunity to respond to a problem identified by the community: that transportation between the towns is difficult and dangerous. At the same time, we had an opportunity to respond to the concerns of others in our community who wanted to see air quality improve and wanted to see people seeking means of getting from Point A to Point B other than by motor vehicle. With one approach, we could reduce the number of motor vehicle injuries, improve the air quality, and promote the healthy lifestyle changes that come from walking and riding bicycles.*

A project like this can only be accomplished with the support of the public and the governments of the towns that would be affected. In April 1998, a public meeting was held, attended by 60 local residents. Also present were representatives from the New Hampshire Department of Transportation, the state Bureau of Trails, and Keene, New Hampshire, which had taken a similar approach to alleviating traffic congestion and injuries in its downtown area. Participants suggested a

variety of routes for the alternative transportation corridor before agreeing on the B&M Railbed. Silverberg reports:

*For many years, the river was the center of our communities, whose economics had been based on water-powered mills. Most of the mills along the river had been abandoned and torn down. Many people literally forgot that this piece of river existed because it was shielded from their view by development. When we started talking about the railbed as a possible alternative transportation route, we had to remind people that the river existed.*



## Overcoming Obstacles and Generating Support

The next step was examining the route for obstacles that were not evident from looking at a map—and there were several. At one point, the railbed crossed the Winnepesaukee on the Sulfite Railroad Bridge, which had been severely damaged by fire and was not safe. The bridge had also been designated a national historic landmark. Silverberg says:

*We could not replace the bridge with a less elaborate structure because it was a national historic landmark. It would cost in excess of \$300,000 to restore the bridge, and that was out of the question. If we were actually going to get the trail completed, we would have to find an alternate way to get the bicycles and walkers through that area without crossing the river.*

*We knew that an underground sewer line followed the railbed, along the south side of the river. We thought that if we could identify its route, we might find the alternate trail we were looking for. So we walked the route—and it became evident that the sewer line, and its maintenance road, ran through people's backyards, though a good 75 feet downslope from their houses. Over the years, the landowners let the woods grow up between the upper area of their property—the part they used—and the lower end, the part that goes down the river, through which the sewer runs. Many of them had pretty much forgotten that the sewer line and maintenance road were on their land. The Winnepesaukee River Basin Authority agreed that the trail could follow the same easement they used to run the sewer and maintenance road across people's backyards. So we began to talk to the individual property owners. As you might expect, they had some issues and concerns.*

The residents' primary concerns were liability and property values. The Bureau of Trails representative pointed out that a patrolled, appropriately surfaced pedestrian and bicycle path used by the public was probably safer than an unpatrolled dirt road concealed from public view. The representative also explained that having direct access to such a trail can improve, rather than degrade, property values and can offer tax benefits to owners.

The project generated enthusiastic local support. The initial public meeting received extensive coverage from both local and regional New Hampshire press. Most of the work was provided at no charge by CCNTR members and community volunteers. Planning costs were paid for by local organizations and businesses. CCNTR applied for grants to cover additional engineering and legal expenses, as well as construction of the trail. Further support came from an unanticipated partner: the Friends of the Winnepesaukee. This group of river enthusiasts realized that an alternative transportation trail would protect this section of the river from future development and provide access for fishing and watercraft. Every New Year's Day, the Friends of the Winnepesaukee hold a canoe and kayak event on the river. In the year 2000,

this event was routed to parallel the proposed alternative transportation corridor. The public was encouraged to watch the boaters and walk the route of the proposed trail.

Most of the landowners agreed to allow the trail to be built on their property. The remainder of the trail is on state- or town-owned land. Both towns and the state Department of Transportation, which has jurisdiction over the railbed, have agreed to transfer jurisdiction of their holding to the Bureau of Trails.

The alternative transportation corridor project helped the community realize that traffic safety is intrinsic to a community's health and its quality of life. It also demonstrated that traffic safety, health, and quality of life are not competing interests but can all be enhanced in the course of a single initiative. CCNTR's main accomplishments are three-fold:

- CCNTR brought together a diverse group of concerned citizens, recreation enthusiasts, local health and social service agencies, and town governments and chambers of commerce
- with no dedicated funding, the group leveraged funds and resources contributed by its participants to undertake an important project
- CCNTR is well on its way to creating an alternative transportation corridor that will enhance traffic safety, community health, and quality of life for those living, working, shopping, or visiting in or around the Routes 3 and 11 corridor



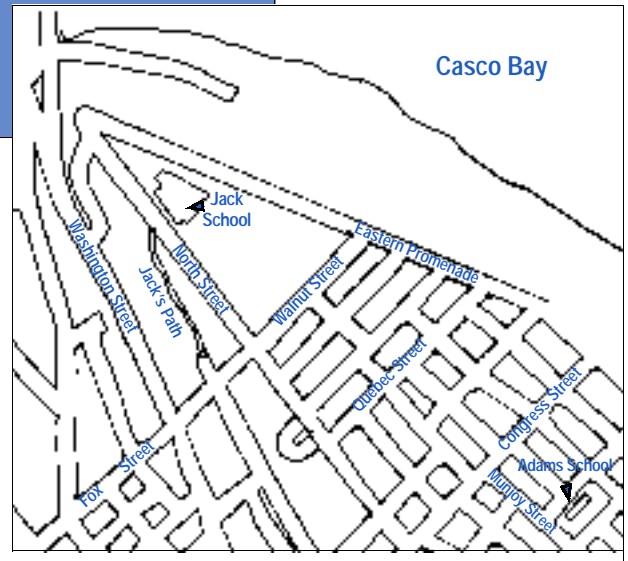
**For more information** about the Caring Community Network of the Twin Rivers, contact Richard Silverberg, Health First Family Care Center, 841 Central Street, Franklin, NH 03235. Telephone: (603) 934-0177; fax: (603) 934-2805; e-mail: [rsilverberg@healthfirstfamily.org](mailto:rsilverberg@healthfirstfamily.org).

# The East End Coalition and Portland Safe Communities

The 1970s brought difficult times to Portland, Maine. Especially hard hit was an older area of town known as Munjoy Hill. The Hill, as it is locally known, faced two critical problems: the condition of its schools and drug trafficking. The area was becoming known as a drug super-market, the place where people from Northern Maine, New Hampshire, and Massachusetts came to purchase drugs. Crime increased, and long-time neighborhood residents felt under siege. In January 1979, Munjoy Hill residents and members of the business community founded the Munjoy Hill Neighborhood Organization (MHNO) to improve quality of life in the neighborhood. One of MHNO's major successes was the creation of the Munjoy Hill Community Policing Center in 1995.

## Creating a Local Coalition/Becoming a Safe Communities Site

The staff of the Community Policing Center and its collaborators in the MHNO came to understand that effective social services were critical to the neighborhood's ability to respond to its needs, and that one way social services could be more effective was to coordinate existing efforts, which would avoid duplication of services and streamline casework. In 1996, with support of the MHNO, the City of Portland, and the Munjoy Hill Community Policing Center, the East End Coalition was formed. This coalition involved every provider that offered health and social services in Portland's East End (which encompasses Munjoy Hill and several adjacent low-income neighborhoods), including the East End Children's Workshop, two Head Start programs, Portland Public Health Division, the Community Counseling Service, the People's Regional Op-



portunity Program, and the Adams and Jack Elementary Schools.

In 1997, Maureen Clancy of the Portland Public Health Division, Department of Health and Human Services, became aware of Safe Communities funding being offered through the Maine Department of Human Service's Bureau of Health. Clancy was well-versed in the power of collaborative health efforts. Since 1995, she had been involved with Greater Portland Partners for Health, a coalition of agencies and organizations that collect data on the health status of local residents, and uses the data to produce a Community Health Profile and develop and implement strategies to improve the health of residents of the Greater Portland area.





Portland is home to one of only three local public health departments in the state of Maine. Clancy says, "Portland Public Health operates as an umbrella agency under which community groups can come together and address needs through collaboration. The best way to address health issues in the region is through community groups." Clancy realized that the East End Coalition was the perfect venue through which a Safe Communities grant could provide an underserved area of the city with an effective and coordinated program to address a variety of injury-related problems. The East End Coalition focused on issues pertaining to children and families, involved many agencies and organizations needed to create a comprehensive Safe Communities Coalition (including, of course, the Community Policing Center), and, through its relationship with the MHNO, guaranteed the involvement of an active and committed citizenry. Clancy also understood how a committed coalition could amplify the funds given to the health department for traffic safety: "I only get 10 hours a week on this grant. That, by itself, will not sustain the program, and I cannot do all this programming myself. But having a coordinator gets other people involved and sustains the effort. So the grant pays for one person but gets the work of 20 or more."



### Keeping Children Safe—Biking, Walking and Riding

In the three years of its existence, the Portland Safe Communities Coalition has more than fulfilled its promise. For example, the Pedestrian and Bicycle Safety Task Force, has been especially successful at responding to the injury prevention needs of the community during a changing legal climate. In 1999, Maine passed a mandatory child bicycle helmet law, despite some objections—one of which was that many fami-

lies (including families living in the East End) could not afford bicycle helmets. In order to combat this objection, Maine Blue Cross/Blue Shield made available, through the Maine Safe Kids Coalition, funds for the purchase of thousands of bicycle helmets. Using this funding, the Portland Safe Communities Coalition, which initially budgeted for the distribution of 400 bicycle helmets, has been able to distribute more than 1,700 free or low-cost helmets. The Safe Communities Coalition is now working with the Portland Police



Department to find ways to enforce the new helmet law via effective and equitable methods that contribute to the law's ultimate goal of protecting children from bicycle-related injuries.

Another success was the closing of Jack's Path. Community residents had long been concerned about this secluded pathway, which children used as a shortcut to Munjoy Hill's Jack Elementary School. Hidden from public view by foliage, covered with refuse and broken glass, and located on one of the Hill's steeper slopes, the path offered ample opportunity for unintentional injuries; it also was a well-known hang-out for illicit drinkers. The dangers of Jack's Path received much atten-

tion in 1998 when two elementary school children were molested along the path. The Portland Safe Communities Coalition met with community members to identify a solution to this problem. After discussion, participants decided that the most effective method of preventing problems was to deny children (and predators) access to the path by erecting a fence. The Safe Communities Coalition paid for the fence, which the City of Portland Public Works installed. But the program did not stop there. Expanding on the theme that children need a safe way to walk to and from school, the Safe Communities Coalition began working with local schools, the City of Portland, and the Greater Portland Council of Governments' Kids Transportation Project to establish safe walking routes to and from the neighborhood's schools, taking into consideration traffic flow and crossing-guard placement. The routes will also receive priority snow removal by the city government.



The closing of Jack's Path was just one example of how the Safe Communities Coalition took advantage of unanticipated opportunities to initiate traffic safety activities. The program's home safety assessment program was designed to provide an opportunity for Maternal and Child Health nurses, Head Start family workers, and Healthy Families parenting partners to educate parents about preventing residential injuries to their children. The results of the home safety assessment revealed that many parents lacked adequate in-

formation about proper child safety seat use, which led to the formation of a very active child passenger safety program. During the first year of the program, the Safe Communities Coalition held two major child safety seat inspection clinics and had several members certified as child passenger safety seat technicians. One of the program's goals is to find locations in the neighborhood where people can make appointments to have their car seats inspected on an as-needed basis.

One of the East End Coalition members certified as a child passenger safety seat technician is Cynthia Fitzgerald, who is also a founding member of the MHNO. She says she never imagined that she would be showing people how to install and use car seats correctly: "When we founded the MHNO, traffic safety wasn't an issue, but it's become one because of the way the neighborhood has changed. As living conditions change, problems change. And the Safe Communities Coalition is a way to keep abreast of these problems and to keep the community safe."



The Portland Safe Communities Coalition and its partners have helped keep their community safe in the following ways:

- replacing a dangerous path with a comprehensive "safe routes to school" initiative
- building on a successful home safety assessment program to mobilize a community in support of proper child car seats use
- taking advantage of a new law making bicycle helmet use mandatory by distributing free or low-cost helmets, and by working toward equitable and constructive enforcement of the law

**For more information** about the Portland Safe Communities Coalition, contact Maureen Clancy, Portland Public Health, City of Portland, 389 Congress Street, Portland, ME 04191. Telephone: (207) 874-8774; fax: (207) 874-8913.

## Programs at a Glance

<b>Program Elements</b>	<b>Safe Communities Program of the Lower Naugatuck Valley</b>	<b>Caring Community Network of the Twin Rivers</b>	<b>Portland Safe Communities Coalition</b>
<b>Lead Agency</b>	Seymour Volunteer Ambulance Association	Caring Community Network of the Twin Rivers	Portland Public Health Division
<b>Project Initiator</b>	Volunteer ambulance association	Ad hoc coalition of social service and health care providers	City health department
<b>Partners</b>	EMS agencies; Safe Kids; trial lawyers association; state police; Coast Guard; local police, fire, and school departments; Healthy Communities group	Chambers of commerce; clergy; health, social services, and mental health care providers; school districts; nursing associations; town governments; state department of transportation; unaffiliated private citizens	City health department, Munjoy Hill Neighborhood Association, police department, social service and health care providers, Head Start programs, elementary schools, city public works department, Safe Kids
<b>Funding &amp; Resources</b>	<ul style="list-style-type: none"> <li>• Foundation seed money</li> <li>• State-approved increase in ambulance-run charges</li> </ul>	<ul style="list-style-type: none"> <li>• Pooled funding from categorical programs of social service and health care providers</li> <li>• Foundation and government grants</li> <li>• In-kind contributions from participants and volunteers</li> <li>• Cash contribution from organizations and businesses</li> </ul>	<ul style="list-style-type: none"> <li>• Safe Communities grant from state department of human services</li> <li>• In-kind contributions from city agencies</li> <li>• Maine Blue Cross/Blue Shield</li> </ul>
<b>Coordination &amp; Structure</b>	Half-time coordinator housed in volunteer ambulance association	<ul style="list-style-type: none"> <li>• Board of directors</li> <li>• Task teams for individual projects</li> </ul>	<ul style="list-style-type: none"> <li>• Half-time coordinator</li> <li>• In-kind coordination from Munjoy Hill Neighborhood Association and police department, Project task forces</li> </ul>
<b>Data Sources</b>	<ul style="list-style-type: none"> <li>• Community health and quality-of-life profile</li> <li>• Public and press reports</li> </ul>	<ul style="list-style-type: none"> <li>• Community forums</li> <li>• Key informant interviews</li> <li>• Data collected by government agencies (including state department of transportation)</li> </ul>	<ul style="list-style-type: none"> <li>• Community health profile</li> <li>• Local informant interviews</li> <li>• Public meetings</li> <li>• Home health assessments</li> </ul>

## Working Together for Health and Traffic Safety: Lessons Learned

The communities described in this publication differ in size, geography, and population. Each mobilized around a different issue. Yet the coalitions established in these communities used a similar process to address their issues—a process that proved so successful that all three expanded their efforts and tackled additional problems.

The experiences of these communities in linking traffic safety initiatives to broader efforts to enhance the public's health and improve the quality of community life hold valuable lessons for others.

- Community health profiles or safety assessments can reveal a public concern with traffic safety.
- Connecting traffic safety to other health and safety issues can promote broad public support for these efforts.
- Existing community improvement coalitions can be mobilized to implement traffic safety activities.
- Funders are attracted to projects that address traffic injuries as one component of a large health and quality of life agenda.
- A funded coordinator position is essential to ensure that a program maintains the momentum necessary to both complete short-term projects and become a permanent part of the community.

*Webster's Dictionary* has a second definition for “community”: “a group of persons or nations having a common history.” The creation of such a history through the collective action of a Healthy or Safe Communities initiative can not only improve the well-being of community members, but also strengthen and expand common interests and, with them, the community itself.

## For More Information

► ***The Coalition for Healthier Cities and Communities*** website <[www.healthycommunities.org/](http://www.healthycommunities.org/)> provides an overview of Healthy Communities and links to individual programs.

► ***The National Civic League*** offers a wide range of Healthy Communities resources. National Civic League, 1445 Market Street, #300, Denver, CO 80202-1728. Telephone: (303) 571-4343; e-mail: <[mailtoncl@ncl.org](mailto:mailtoncl@ncl.org)>. WWW: <[www.ncl.org/ncl/hci.htm](http://www.ncl.org/ncl/hci.htm)>.

► ***The Safe Communities Service Center*** offers information from the National Highway Traffic Safety Administration. Safe Communities Service Center, 819 Taylor Street, Room 8A38, Fort Worth, TX 76102. Telephone: (817) 978-3653; e-mail: <[safe.communities@nhtsa.dot.gov](mailto:safe.communities@nhtsa.dot.gov)>; WWW: <[www.nhtsa.dot.gov/safecommunities](http://www.nhtsa.dot.gov/safecommunities)>.

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